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REDUCTION OF ILLICIT DEMAND FOR DRUGS

PREVENTION STRATEGIES INCLUDING COMMUNITY PARTICIPATION

World situation with respect to drug abuse

Report of the Secretariat

Summary

In the present report, the role of the community in the reduction of illicit demand for drugs is examined against the background of the major trends in drug abuse around the world. Over the past 10 to 15 years, the world production of illicit drugs has significantly increased. The increase in production has been matched by an increase in abuse, rather than by a fall in the price of drugs. One of the most significant, and serious, changes which has taken place, and where for the past year the trend has accelerated, has been the switch from the oral abuse of drugs to injecting drugs. This change has provided a major new vector for the spread of the human immunodeficiency virus (HIV). Another significant world trend has been the re-emergence of stimulants as drugs of widespread abuse. Central nervous system stimulants and hallucinogenic amphetamines continue to be illicitly manufactured and abused. During the past year, there has been a general increase in the absolute number of drug abusers, as well as new instances of heroin and amphetamine abuse and of intravenous drug abuse.

Many strategies can be devised to try to deal with the problem of drug abuse, but it is the communities themselves that must play the central role, not only in the implementation of any programme to reduce demand for drugs, but also in its conceptualization and design. A variety of approaches have been adopted by communities in the attempt to prevent the occurrence of drug abuse and to reduce its severity. Successful projects tend to adopt the partnership approach, through an association between a number of individuals, groups and agencies in the pursuit of a common goal. An essential aspect of the partnership is the involvement of the police, as well as government institutions such as health and education services as represented at the local level. Through such an approach, it is possible to share and mobilize resources, to generate the commitment and participation of individual agencies, and to target groups or individuals to the best effect. An evaluation of the effectiveness of the various interventions is also an important part of the approach.

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CONTENTS

	Paragraphs	Page
INTRODUCTION	1	3
Part One: Extent, patterns and trends of drug abuse	2-35	3
I. AFRICA	10-14	4
II. AMERICA	15-20	5
III. ASIA	21-28	5
IV. EUROPE	29-35	6
Part Two: Prevention strategies: community participation	36-106	8
V. PREVENTION STRATEGIES IN DEMAND REDUCTION	38-44	8
VI. THE SCOPE AND CONCEPT OF COMMUNITY	45-49	9
VII. COMMUNITY PARTICIPATION IN PREVENTION	50-64	10
A. Role of the police	53-59	11
B. Understanding the operation of the local illicit drug market	60-64	12
VIII. COMMUNITY APPROACHES TO PREVENTION	65-103	13
A. What makes a response successful	70-75	14
B. Nature and types of partnerships	76-80	15
C. Establishing and maintaining partnerships	81-84	16
D. Ensuring successful partnerships	85-93	16
E. Measuring the effectiveness of community activity	94-103	18
IX. ACTION BY THE COMMISSION ON NARCOTIC DRUGS	104-106	20

INTRODUCTION

1. The Secretariat was requested by the Commission on Narcotic Drugs at its thirty-seventh session to prepare three related papers, one of which was to be on the world situation with respect to drug abuse and on prevention strategies and community participation. Members of the Commission wished, in particular, that the role of the community be examined, so as to highlight the contribution which community mobilization can make to the reduction in the illicit demand for drugs, set against the background of the major trends in drug abuse around the world. The present paper is a response to that request.

Part One

EXTENT, PATTERNS AND TRENDS OF DRUG ABUSE

2. Over the past 10 to 15 years the world production of illicit drugs has significantly increased. The increase in production has been matched by an increase in consumption, rather than by a fall in the price of drugs. Although the police and customs services are also seizing more drugs, there is no evidence that the proportion of seized drugs has increased. It follows, therefore, that there is a real increase in the abuse of drugs.

3. Worldwide there are also changes in the pattern of consumption of drugs. With the increase in production and changing political realities, traditional trafficking routes have changed and new ones have emerged. The result has been the exposure of new populations to illicit drugs and the establishment of new markets.

4. The oft-quoted distinction between producing and consuming countries was always a false one. Producing countries in the Golden Crescent and the Golden Triangle always consumed the drugs as well. In those countries, opium was traditionally smoked, with the processing of opium into heroin usually occurring elsewhere. The opium-producing countries on the whole both produced and consumed opium, while the countries that were not producers but only consumers abused almost exclusively heroin during the past 50 years. The same situation occurred with coca. Coca leaves were chewed in the producing countries and cocaine and crack abused in the consumer countries. The significant change has been in the technology for processing the drugs and in the moving of the final refining, usually into a more potent substance, back to the areas of production. Thus, the more potent form of the drug is now available to the producing countries and the producers themselves.

5. The net result has been that countries traditionally associated with the production of illicit drugs have become major consumers of those drugs, in greater numbers and in a more dangerous form. The escalation of the problem in some countries threatens to overwhelm them, with severe economic, political and social consequences.

6. Thus, heroin is available where only opium used to be available, and basuco and cocaine are abused by those who used to confine their abuse to chewing the coca leaf. Considerable changes have therefore occurred in the patterns of abuse, and those changes seem to be accelerating. The same holds true with regard to trafficking routes, where there has been an increase in the extent of abuse. Refined illicit drugs have a low volume but a high price compared to their unrefined form, and are increasingly being used as a form of currency in many parts of the world. The social controls that used to contain the more serious abuse of drugs have in many countries broken down in the face of the more potent drugs, but also because of political and economic changes that have had a profound effect on the social fabric.

7. One of the most significant and serious changes that has taken place in recent years, and shown an accelerating trend in the past year, has been the switch from the oral abuse of drugs to injecting drugs. This change has provided a major new vector for the spread of HIV. Heroin and even opium injecting is rapidly spreading in South-West Asia and parts of East Asia, and cocaine injecting in some countries of Latin America.

8. Another significant world trend has been the re-emergence of stimulants as drugs of widespread abuse. Central nervous system stimulants and hallucinogenic amphetamines, mainly amphetamine, methamphetamine and methylenedioxymethamphetamine (MDMA), continue to be illegally manufactured. That trend is particularly evident in central and western Europe, and has accelerated during the past year.

9. There has been a general increase not only in the absolute number of drug abusers, but new instances of heroin and amphetamine abuse, as well as of intravenous drug abuse. The situation in each region as reported to the United Nations International Drug Control Programme (UNDCP) is reviewed below.

I. AFRICA

10. Information on the general drug control situation in Africa is partial at best, demonstrating some very different patterns in different parts of the continent. Many African countries are progressively changing from being drug-trafficking transit routes to becoming abusers of illicit substances. Who is using which drugs where and when and in which manner are questions that often are left unanswered. Cannabis seems to be the most abused drug, although other drugs such as cocaine, heroin, benzodiazepines and methaqualone are found as well. In some parts of the continent, the psychoactive substance, khat, has greater abuse prevalence. Although khat is not under international control, the frequency with which Member States reported its use was such as to warrant its inclusion in the present report.

11. North Africa has been a traditional and extensive producer of cannabis. There are also reports of extensive consumption of khat. Heroin was first reported in the region in 1992, and there has been a reported increase in the abuse of both heroin and cocaine, which are abused by means of inhalation, but not injection.

12. Countries in East Africa report a stable or increasing abuse of drugs, particularly of cannabis, but also of khat. The trend is usually attributed to rising unemployment and rapid urbanization.

13. Heroin has been available for many years in some countries of southern Africa with ethnic connections to countries of production or transit. In other countries the main drug of consumption has, for a long time, been methaqualone (Mandrax). It is often taken in combination with alcohol, which dangerously potentiates its effect. A cannabis abuse problem also exists, and there are reports of intravenous abuse of amphetamine, cocaine and heroin. With the political changes in southern Africa and the consequent opening of boarders and increased economic activity, there has been an increase in the number of trafficking routes, in the amount of drugs being trafficked and in the number of people exposed to drugs. There is great concern that a significant increase in the drug abuse problem in sub-Saharan Africa might occur.

14. In West Africa there is still a considerable diversion of licit drugs, particularly of benzodiazepines, onto the illicit market through street markets. However, not all the drugs sold on the market may have the licit trade as a source. Some may be part of the thriving trade in counterfeit medicines, drugs produced as imitations of some famous brand name, but containing anything from a weaker strength of

the drug it purports to be, to an entirely different drug or even a placebo. Many countries in the region have also reported a large increase in heroin, cocaine and cannabis abuse, and a growing number of intravenous heroin abusers.

II. AMERICA

15. The sharp increase in the abuse of cocaine in the Caribbean seems to have stabilized and even decreased. Reports indicate that the rapid increase in cocaine abuse, if not entirely under control, has at least been contained. Nevertheless, there is one report of increased cocaine abuse. Cannabis is still very widely grown and abused throughout the whole of the Caribbean, but no reports of heroin abuse or intravenous drug abuse have been received.

16. There are reports that basuco and coca paste are being abused in coca-leaf-producing countries by the producers themselves, and that cocaine is widely abused by all sections of society. Most countries in Latin America report that volatile solvents represent a considerable, and in many cases a growing, problem. The solvents tend to be abused by young people from the poorest neighbourhoods.

17. The nature and extent of drug abuse in Latin America varies considerably, with some countries reporting a growing problem, and others indicating virtually no drug abuse problem at all. For the first time there are reports of cocaine being injected in one country in the cone of South America. Heroin has also become a drug of abuse in that country, and is being injected. Widespread abuse of solvents, cannabis and anxiolytics, such as the benzodiazepines, have been reported elsewhere.

18. In the northern part of South America, the opium poppy is cultivated, processed into heroin and consumed locally, as well as being trafficked to other countries.

19. In North America, cannabis remains the most widely abused drug, and is available throughout the region, with prevalence levels appearing stable. Various surveys from different countries, not all of which are comparable, suggest that the number of people who abuse cannabis each year is in excess of 20 million. Synthetic narcotic analgesics, cocaine, heroin, amphetamines, hallucinogens and tranquillizers, as well as volatile solvents, have all been reported as being abused. However, with each of those drugs consistent patterns are difficult to find across countries, because there appear to be considerable local geographical variations in abuse patterns.

20. Some decrease in the levels of abuse of cocaine, and particularly crack, has been generally reported. However, an increase in the abuse of crack has been noted in one country of North America. Increasing experimentation with hallucinogens and anabolic steroids has been reported in high schools. A rapid increase in MDMA abuse has also been reported in specific cities, whereas in other cities phencyclidine (PCP) continues to be abused. The pattern seems to be related to that of illicit production and trafficking, and while the prevalence of abuse may not be rising in some cities, the diffusion of the drugs to other geographical areas means that the number of abusers will increase.

III. ASIA

21. Recent rapid assessment studies as well as injecting drug abuser studies conducted in the Golden Triangle for UNDCP indicated that a high proportion of the drug-abusing population was changing from smoking opium to injecting heroin with the sharing of drug paraphernalia. The result is a high prevalence of infection by HIV among injecting drug abusers (in one case between 60 and 70 per cent), involving the potential spread of HIV into the general population through the spouse and children of the drug abuser. There is evidence that since 1985 drug injecting has spread westwards, creating HIV rates

of over 50 per cent among injecting drug abusers. UNDCP has reported that with the development of new trafficking routes and of the opium being processed into heroin prior to distribution, people are being paid for their cooperation with the traffickers in heroin, resulting in a sharp increase not only in heroin abuse, but injecting heroin abuse and HIV infection.

22. Large increases in both opium and heroin abuse continue to be reported in countries of South-East Asia, where opium and heroin are not only smoked but injected as well. The pattern of change from smoking opium to injecting heroin is spreading from South-East to South-West Asia. However, the trends are not uniform. There are large geographical variations. One country reports that it is benzodiazepine abuse which has increased to a large extent, another a high prevalence of the abuse of a codeine-based cough mixture, and others that they have experienced some increase in the injection of heroin, morphine and other opiates.

23. In a few countries of South-East Asia, the pattern of drug abuse is completely different, with stimulants, particularly methamphetamine, being the most prevalent drug of abuse, followed by cannabis, and with hardly any problem of opiate drug abuse.

24. In South-West Asia, the traditional producing countries of the Golden Crescent are also consumers, but entirely reliable evidence is not available to identify changes in the drug abuse situation. However, newly opened borders in the Commonwealth of Independent States means not only that opium and heroin can be trafficked in more directions, but also that they are becoming available to more people.

25. In general, heroin abuse is increasing, and cannabis abuse is widespread.

26. In the Pacific, there is again a great geographical diversity in the pattern of abuse. Cannabis is the most widely abused drug, followed by amphetamines, heroin and cocaine. However, the trends range from reports in one country of a big decrease in heroin, cocaine and amphetamine abuse, while another has observed increases in the abuse of cocaine and particularly of cannabis and volatile solvents, and a third has noted some increase in heroin, cannabis and amphetamine abuse. Thus, trends in drug abuse need to be seen not only in country-specific contexts, but also often in the local context. Heroin abuse decreased in the west of one country, while increasing in the south. Such local changes may be due to changes in the availability of the drug in question or of a preferred substitute, or to changes in fashion.

27. In the Near and Middle East, the disturbing trend of an increase in the number of countries reporting intravenous abuse of heroin and morphine continues. There are currently nine such countries. However, in all but two countries the numbers of abusers reported by Governments is very small. In a third country, although the numbers are large, the means of administration is by smoking.

28. Most of the countries report, however, that the drug abuse situation is stable or even decreasing, with only three reporting large, or some, increases in abuse. Opium abuse appears to be stable or declining in the region, as does the abuse of amphetamines. Where an increase in the abuse of heroin is reported, it is often attributed to the increase in migrant workers who come from countries that produce the drug, which is smuggled into the country by the workers themselves for their own consumption.

IV. EUROPE

29. In western Europe there appears to be a relatively slow but steady growth in the number of abusers, punctuated by various fashions in the use of particular drugs, such as MDMA (ecstasy) and similar hallucinogenic amphetamines. In terms of the number of abusers, cannabis is by far the most frequently abused drug, followed by cocaine and the amphetamines, the benzodiazepines and heroin as the least

abused drug. In northern Europe, amphetamines are more widely abused than cocaine, while in some countries of southern Europe, cocaine is the more frequently abused drug. The countries of northern Europe seem to suffer more from the abuse of volatile solvents than their southern counterparts.

30. The most significant differences between countries of western Europe have been the differential rates of HIV infection among intravenous drug abusers. In three countries with broadly similar populations, the proportion of cases of acquired immunodeficiency syndrome (AIDS) due to injecting drug abusers varies from 66 per cent of the total number of AIDS cases, to 23 per cent and only 5 per cent.[1]

31. The Nordic countries have been targeted by traffickers who produce amphetamines in central and eastern Europe and sell them in Scandinavia. The abuse of volatile solvents and cannabis also continues to be a problem, but does not show signs of increasing. Although the prevalence is low, several countries have reported some increase in heroin, cannabis and amphetamine abuse.

32. The pattern of heroin abuse for most of western Europe is stable, or shows a slight increase. In the most populous countries, estimates of the number of abusers of heroin and other opiates range from 25,000 to over 60,000.

33. There has been a dramatic increase in the number of annual and daily heroin abusers in some States in the territory of the former Yugoslavia, with a higher incidence of abuse than elsewhere in Europe.

34. In the countries of central Europe, opium production and its processing into an injectable concoction has long been an illegal, but widespread, activity that seems to be growing. The increase in the number of illegally manufactured amphetamines implies that they are also available on the domestic market, so that an increase in the amount of drug abuse is anticipated.

35. In most countries of eastern Europe and in the Commonwealth of Independent States, the opium poppy is illicitly cultivated, and cannabis grows wild throughout the region. Opium, heroin and methacathinone (ephedrone) are illicitly manufactured. Government reports indicate that there is a considerable and growing problem of abuse, particularly among young people. A combination of easy availability of the plants that can be abused, or from which the psychoactive substance can be extracted, together with the use of many of the countries as trafficking routes, with the inevitable spillage, means that there is a potential for a rapid increase in the number of drug abusers. Some countries report a new abuse problem with stimulants imported from other countries.

Part Two

PREVENTION STRATEGIES: COMMUNITY PARTICIPATION

36. In the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control,[2] it is stated that: "The support and involvement of community organizations, as well as law enforcement, health, social and educational agencies involved in the prevention of drug abuse, are indispensable in counteracting the harmful factors that foster drug abuse. Community organizations and health and social agencies are well situated to be aware of drug abuse and its consequences and to identify groups at risk. Moreover, these organizations and law enforcement agencies are often cognizant of the needs, resources and goals of their members." Unfortunately, the crucial role of the community in all aspects of demand reduction has hitherto been neither fully appreciated nor given the prominence that it is now receiving in national plans throughout the world.

37. Most plans to combat drug abuse are formulated at the national level, and yet drug abuse takes place in the community, and its impact is mainly seen at the community level. Nevertheless, it is important to formulate national plans in the light of the drug abuse situation at the global level, while bearing in mind that plans have to be implemented at the local level, with due regard being paid to the needs and aspirations of those in the community. Both drug production and drug abuse are rooted in communities, and without community cooperation and the understanding by them that it is in their own interest to eradicate drug abuse, programmes will not be effective, no matter how thorough and comprehensive the planning.

V. PREVENTION STRATEGIES IN DEMAND REDUCTION

38. The basic principles of demand reduction are covered in a note by the Secretariat (E/CN.7/1995/4). How they can be applied in practice, with particular attention to community action is set out below. The prevention of drug abuse is conceived of as having three aspects, primary, secondary and tertiary, embracing the whole range of actual or potential drug abuse, from abstinence to daily abuse. For such a wide range of behaviours, different strategies must be used and different types of intervention designed. Thus, preventing young people from even experimenting with illicit drugs requires an approach different from that of persuading the experimenter to cease, the regular, but non-dependent, abuser to desist, and persons who abuse drugs several times a day to seek treatment and to modify their behaviour.

39. Primary prevention is the prevention of any illicit taking of a controlled substance, and that is the acknowledged ideal which should be pursued. It may be achieved through efforts to control the illicit supply and by educating potential abusers concerning the risks and likely problems associated with illicit drug abuse, especially the dangers of intravenous drug abuse. The mass media and the formal education system may often provide the means of delivering the messages, but religious organizations, interest groups, youth groups and leisure and sports associations also have a role to play.

40. Secondary prevention aims at helping people who are abusing illicit drugs to stop the practice. That may be achieved in a wide variety of ways, from pamphlets on how to cope with detoxification through private drug-free counselling, to a wide range of treatment regimes, followed in some cases by rehabilitation programmes.

41. Tertiary prevention, using the medical model, is concerned with limiting or minimizing some of the worst effects of disease, or in the present case, harmful behaviour. The purpose of this approach is to limit the extent of physical illness and criminal behaviour, by providing information and education,

substitute drugs, care and counselling, syringes or bleach. Just as with the legal drug, nicotine, it has been accepted for many years that smoking low-tar cigarettes is preferable to high-tar cigarettes, but the ultimate goal is not to smoke cigarettes at all. Preventing the spread of HIV and hepatitis, as well as reducing the amount of crime committed by drug abusers, including the recruitment of new abusers, are often the immediate stated goals of the programmes, with complete abstinence being the long-term objective.

42 . Many strategies can be devised to try to tackle the problem of drug abuse, but there has been an increasing awareness in recent years that it is the communities themselves, which suffer most from the effects of drug abuse, that are crucial, not only for the implementation of any programme to reduce demand for drugs, but for their conceptualization and design as well.

43. A distinction needs to be made between preventing drug abuse and preventing drug abuse behaviour. Preventing drug abuse, as with preventing crime, involves focusing on the situation in which drug abuse occurs. In contrast, preventing drug abuse behaviour, as with preventing criminal behaviour, involves measures that seek to influence the attitudes of those most at risk. In the first, preventive strategies involve changing the factors that influence the decision of an individual to take drugs in a particular place at a particular time. Activities can include surveillance techniques or restricting access to areas where drugs are sold. Preventing drug abuse behaviour involves reducing risk behaviours that are known to increase the likelihood of taking drugs, and includes revitalizing communities to strengthen their capacity to resist, diverting drug abusers from an early drug career, and enhancing opportunities to motivate those most at risk not to take drugs.

44. Preventing drug abuse seeks to make the abuse of drugs more difficult, preventing drug abuse behaviour seeks to address some of the underlying causes. The emphasis in the present report is on preventing drug abuse; preventing drug abuse behaviour is particular to the specific social, economic and political conditions in the country concerned, as well as the cultural beliefs, attitudes, expectations and aspirations of the individual abuser or potential abuser.

VI. THE SCOPE AND CONCEPT OF COMMUNITY

45. One of the key terms that needs to be clarified at the outset is that of community. The term has been used in a number of different ways, but is defined here in a traditional way as a social entity with common ties, being made up of a number of people whose lives are lived predominantly within it. A community consists of people sharing, if not a common heritage, then at least a common set of aspirations and goals. A community shares a culture that distinguishes it from an association or collection of people. Thus, it will also have geographical boundaries, which may not always be clear to the outsider. Nor is size an indicator, for a community may vary from less than 100 to several thousand individuals. Therefore, where people work in one place, spend their leisure time in another, and return to sleep in a third, a community is not likely to develop, even though people dwell in close proximity to one another. Also, in areas of high transition, where individuals and families move into and out of particular geographical areas, it is difficult for a community to develop, because some degree of stability is required. By contrast, a refugee camp represents a collection of people, in which readily identifiable communities could spring up in a very short time.

46. It also follows that different communities will have different attitudes towards, and perceptions of, the problem of drug abuse. This is particularly true for different parts of the world, but may even be true within one country. Therefore, responses to the problem of drug abuse which are appropriate for one community might not be suitable for another. Some communities tolerate the smoking of opium by its older members, while others might view the occasional smoking of cannabis without undue

concern. However, in communities without strong social norms governing such illicit demand, exactly the same behaviour might be viewed with alarm.

47. Communities evolve and change, and may actually disintegrate under multiple pressures such as high rates of crime and drug abuse, unemployment, poverty, poor housing and high transition rates. There are already clear and documented routes by which communities are seen to deteriorate. The first visible signs in urban settings are dilapidated buildings, litter, vandalism, unruly youths and public drunkenness - what criminologists call "incivilities". There are various stages in the process, the final one of which involves open drug dealing, absence of estate management for the buildings, squatting and dereliction. What is unclear is why some communities take that direction and others not.

48. However, communities need not necessarily become or remain the victims of such forces, for it is from within the communities themselves that action can be taken to prevent or minimize the worst of the degradation in the quality of life. High levels of drug abuse in a community may occur because the community does not care, or because it is too weak to fight against it, but the solutions involve drawing on the strengths of that community, its resolve, its traditions and the expectations of its members for the future. The implication is that for community initiatives to be successful, they must involve the members of the community, and not be imposed by organizations or agencies that happen to work there. Preventive packages presented from above are rarely successful, whereas those that come from within or below are more likely to be so. Unfortunately, communities do not always succeed in coping with drug abuse, and community action does not always occur. It is as important to examine the failures as well as the successes, in order to discover how to foster and sustain community action.

49. The main question that needs to be addressed is the extent to which communities can make an impact on drug abuse and drug dealing. Some communities appear to be powerless and at the mercy of the drug abusers, and the problem is often acute for those communities where drug abuse, especially that of heroin or crack, has wreaked havoc. Other communities feel themselves equally powerless because they are at the mercy of municipal or government agencies that may or may not decide to offer assistance, but if they do so, might well determine the form that assistance will take. Others demonstrate that they can make a significant contribution to reducing the demand for drugs. Examples can be found of good practice, in which the problem has been confronted, and not displaced elsewhere. Some examples of good practice show how the tide can be turned, and how concerted action by communities can make a vital difference to the level of drug dealing and drug abuse in their midst.

VII. COMMUNITY PARTICIPATION IN PREVENTION

50. It is at the community level, and ultimately at the individual level, that the concerns and activities of supply reduction and demand reduction intersect and influence each other. Therefore, it is particularly important at the community level that demand reduction and supply reduction efforts be integrated into complementary activities rather than conflicting ones. Demand reduction activities refer to those forms of intervention which recognize that the drug problem is created by individuals wanting to abuse drugs. In contrast supply reduction strategies are based on the view that use of drugs is determined by their availability. Demand reduction activities include public information campaigns, educational programmes, and services for drug abusers, ranging from advice and counselling to treatment, rehabilitation and social reintegration programmes and media campaigns. On the other hand, solutions to the supply problem at the local community level often involves reduction in those supplies through interdiction strategies such as policing and the use of the judicial system.

51. Yet the situation is much more complex, for it is not always clear how demand and supply can be separated, particularly at the local community level. The drug trafficker at the bottom of the distribution

chain is much more likely to be an abuser as well, whose trafficking is limited to small quantities for a network of friends and acquaintances. The illicit demand for drugs, for example, may be increased or reduced by the quantity of illicit drugs on the market, and the supply of illicit drugs may be increased or reduced by demand for them.

52. Community activities may be conceptualized as activities that are not undertaken by statutory bodies or agencies, and therefore activities arising from the community itself, with people coming together in a voluntary capacity. However, communities always have to interact with statutory authorities or other non-governmental or voluntary organizations. They interact with the educational system, with the health services, with the police and judicial system and with local government through elections, the raising of local taxes and all the local issues that are decided at a local level. Thus, from a community perspective the national bodies are part of the community when they operate in the community. School teachers, nurses, doctors, social workers and the police are all part of the community as individuals, and may also be part of the community in their professional functions as well. Whereas the role of those professions in the reduction of illicit demand for drugs and the prevention of drug abuse is clear and non-problematic, the role of the police has hitherto sometimes been undervalued. The role of the police in preventing drug abuse in the community therefore needs to be articulated, and in order to understand how the police and the community together can prevent and resist drug abuse, it is necessary to understand the nature of the illicit drug market.

A. Role of the police

53. It is now increasingly recognized that enforcement alone is not an adequate response to drug abuse, but is an essential element in any community-based strategy. However, the role of the police in community efforts against drug abuse depends to a great extent on their role in any particular society. In many countries there is no one single police force but many, according to specialist activity, such as finance, anti-riot operations and special border police patrols. In countries with a federal system of government there may also be local, regional and national police forces. The police referred to are those who have to deal with day-to-day crime at the street level. They are the police who are seen in the community, and who respond to reports of criminal activity, such as theft or the excessive use of violence by members of that community.

54. For the police to be effective in a community they must be accepted by the community. Although the police force is inevitably part of the government institutions, they must be seen by the community as essential to its well-being. In societies where the police are not seen as the symbols of law and order, or where policing is carried out as though the force were an occupying power, then effective cooperation is stymied from the beginning.

55. Enforcement strategies are central to the way communities survive. Policing that operates according to the needs of the community tends to have some of the characteristics described below.

56. When choices have to be made between enforcement operations against different kinds of drugs, the drug that causes the most harm either to the individual or the community as a whole should be the principal target. Given the extent of polydrug abuse, it will not always be possible for policing strategies to target individual drugs, but the enforcement process can take that into account. At different times even within the same community, the illicit drugs that cause the most problems will vary, and may be, for example, heroin, crack, MDMA or even volatile solvents.

57. If possible, where choices have to be made between enforcement operations, priority should be given to early intervention to eliminate sites used for drug dealing, particularly new locations before they

have had the chance to become established and well known. Enforcement activities should also support the efforts of other agencies working to reduce the damage to communities caused by drug abuse.

58. All participants and agencies also need to recognize that returning areas to normality through improvements to the environment such as better street lighting, public buildings and amenities also have a part to play in reducing the demand for drugs, because such improvements usually make drug dealing more difficult, and availability to the casual abuser less easy.

59. The police are clearly as much a part of the community projects as other agencies more traditionally located on the demand reduction side of the equation. In order to be more fully integrated, the police enforcement culture must adjust to the needs of the community. Therefore, if police action at the street level were to lead to drug abusers and dealers removing themselves to a secret location away from the public, the police might not see that as a successful operation, but the members of the community may well do so because they feel more free to walk about without fear.

B. Understanding the operation of the local illicit drug market

60. In order to formulate a plan on how to combat drug abuse, it is important to know how illicit drugs come into the community and how they are distributed. The traditional approach to the illicit drug markets was to immobilize and destroy the trafficking networks, by trying to identify the person who controlled the distribution of drugs by the organization. If that person could be arrested, prosecuted and imprisoned, the network would be expected to fall apart.

61. More recently, both experience and research has started to show that such a strategy rarely succeeds. Even when the assumed main drug dealer is in prison, he can continue to manage the distribution of drugs. Moreover, studies show that drug distribution organizations depend less on single individuals than enforcement officials previously assumed, and that drug distribution systems are less centralized than was once believed. They are often relatively small and impermanent organizations, including freelance entrepreneurs who supply a large proportion of the drugs.

62. The focus of attention has therefore shifted towards how to destroy drug networks. Convincing evidence to show that a network can be or has been destroyed can only be produced through sustained efforts to recruit informants, establish electronic surveillance, and infiltrate undercover agents. It has been found that the type of organization involved was more akin to a network than an organization, that is, dealers were more loosely organized or more loosely connected to other dealers than was first thought. Moreover, successful operations did not require the creation of a large enduring organization. Such structured organizations exist, but it is possible to operate successfully without them. It has also been found that barriers to entry into high-level markets, especially for cocaine and cannabis, were minimal. Most high-level dealers attained their positions without having to undergo long apprenticeships or accumulate large quantities of capital. A certain amount of energy, discretion and luck were all that was required.

63. Drug enforcement serves multifarious and sometimes competing goals, such as reducing drug abuse, controlling predatory crime, preventing the growth of large criminal enterprises and protecting neighbours from the ill effects of drug dealing upon community life. What has to be understood is the relationship between the level of enforcement activity and the suppression of undesirable behaviour. Stopping and searching a large number of people at the street level might increase the number of arrests for the possession of illegal substances, but it might equally alienate the community and result in a decrease in the level of cooperation. The benefits of arresting more cocaine dealers are not always clear, if the retirement of one seller or abuser opens a niche for another. The case is not the same as in

arresting a bank robber, where no one immediately steps forth to replace the arrested person in robbing banks. In the case of drug abuse, the analogy is more akin to that of prostitution.

64. Similar conclusions could be drawn from an examination of the effects of treatment agencies. They, too, may have only a marginal effect on the total number of drug abusers, especially when they tend to concentrate on only one type of drug abuser or drug. Nevertheless, they can have a significant effect in preventing the situation from rapidly worsening, particularly when the heavily dependent abuser is treated and no longer buys the drugs on the illicit market. Thus, treatment can have an effect, in the long run, on availability.

VIII. COMMUNITY APPROACHES TO PREVENTION

65. A great variety of approaches have been adopted by communities, or sections of a community, in attempts to prevent the emergence of drug abuse and to reduce its extent. The approach to be taken and the effectiveness of that approach largely depend on the values and attitudes of the community, not only towards the drug abuser and drug abuse, but also towards community institutions and services, be they health, education or the police.

66. A considerable number of grass-roots programmes linking the community to single agencies have been developed in recent years. Considerable attention has been given to several programmes involving close links with the schools and the police, the aim being to intervene and counteract peer, relative and sibling pressure, regarded as the key to drug abuse among adolescents. The programmes often include such elements as providing factual information on the consequences of drug use, promoting self-awareness and self-esteem, assessing risks and decision-making skills, showing how to resist influences that encourage substance abuse, and providing techniques to promote positive alternatives to substance abuse.

67. The response of adults to the problem of drug abuse has often been to form parent support groups which may even grow into a movement of nationally organized groups. Such parent groups are essentially grass-roots movements involving concerned parents from communities throughout the country who have organized to serve as a catalyst for change in their communities. Their aim is not only to reduce and eliminate drug abuse, but also to provide the communities with positive alternatives, such as employment and adequate housing. Many of the local parent groups can be drawn together under the umbrella of a national organization that gives them a greater voice at the national level, and can direct the attention of government to local needs.

68. In addition, there are programmes of youth organizations operating in the community, as well as examples of people spontaneously coming together to take direct action against those whom they perceive as undermining the community through the illicit sale of drugs. Such spontaneous action is usually not sustainable, because for activities to continue some form of organization is required.

69. Another approach has been called "a circle-of-services" model. Such an approach usually involves an advisory committee consisting of representatives of all participating organizations and a project manager who is in charge of the daily management of the project. Cooperation can often be achieved if there is a shared understanding between agencies on the nature of the problem and the appropriate response to it. Where the projects are complex and a wide range of activities have to be coordinated, the participating organizations may have divergent views of how to deal with drug abuse and its associated problems. For example, organizations providing treatment or other forms of assistance to drug abusers might have different perspectives from those of criminal justice personnel. However, it appears that efforts that are integrated with all aspects of the community and services that are integrated

through the establishment of partnerships, rather than one agency or organization taking a lead role for itself, are the most successful.

A. What makes a response successful?

70. It is clear that measures that contribute to the prevention of drug abuse are not solely within the remit of those who live or those who work in the community. Nor are they solely within the remit of one agency, whether it be the police or the treatment services. Prevention will not be effective unless resources are mobilized, unless agencies combine and work together, and unless the community produces its own dedicated and skilled staff able to develop proposals and implement action.

71. It has been demonstrated that community action works well when the members of the community feel that they have it within their power to act and act effectively, and are not resigned to the view that little can be done about drug abuse. It is also clear that ownership of both the problem and solution must be a joint exercise between the community and various helping agencies that have resources to contribute. There is a greater likelihood of success when agencies cease to believe they can deal with the problem single handed. This would be so whether the agency is the police or one offering treatment services. The single-agency approach has its limitations.

72. There is clear evidence to suggest that successful projects adopt what can be called the partnership approach. Such partnerships share and mobilize resources, generate commitment, and enable the contributions of individual agencies to be targeted to the best effect. A partnership then becomes an association between a number of agencies, groups or individuals in pursuit of a common goal. It will have a programme defined as a coordinated series of initiatives across a defined geographical area, addressing one or more related problems on the basis of a strategy that provides a planned systematic approach to attain given ends. Not all partnerships will be successful, whether in terms of their structure or outcome, and they are rarely successful in preventing or eradicating drug abuse completely. What they can achieve is a much greater measure of success than hitherto. They are more efficient, and more likely to involve the community than other methods.

73. It is also clear that medium- and long-term plans need to be made in order for the efforts to be sustainable. A sudden burst of activity may have a short-term effect. For example, drug dealers could be displaced to another location, but they are likely to move back as soon as the immediate effort decreases in intensity and dies out. Such an eventuality could cause the community to become frustrated and resigned to the situation, thus making the effort counter-productive.

74. There have been a number of studies of community activities to reduce drug abuse through programmes that have been well funded but have failed. Failure has of en occurred because the community attitudes reflect fear and resignation, a genuine fear of reprisals if members of the community try to interfere in any way with the drug-dealing networks, with the sites of their activities or with the drug abusers themselves, and resignation that they are powerless to do anything about it. Those attitudes, deeply ingrained in some communities after generations of living in surroundings characterized by high levels of crime, violence and drug abuse, might be where action should begin. A recognition of the importance of community empowerment and the belief that something can be done to better the situation, and that the members of the community have an important role to play, are the necessary prerequisites for successful programmes.

75. Other reasons for the failure of programmes to achieve what they set out to do are the dominance of one particular group of people or agency over all the activities and decision-making machinery, so that the community feels that it does not have ownership of the programme. Sometimes particular individuals may appear to have taken over the function of representing the community, but gradually

begin to represent only their own views, instead of those of the whole community. If, however, programmmes and activities within the community belong to the community, if true partnerships exist between all the players, and if there is a conviction that people working together can achieve a reduction in the amount of drug abuse in their midst, then this will almost invariably happen.

B. Nature and types of partnerships

76. The term partnership may be defined as an association between a number of individuals, groups and agencies to pursue a common goal. It is true that multi-agency work is often not a true partnership in the sense that some agencies are more powerful and better resourced than others. A small voluntary agency with a staff of, for example, three people cannot be in partnership with a police force having massive resources at its disposal. The term alliances is also used, because of connotations of a temporary, unequal association between the agencies. However, the term partnership implies no built-in demand for equality. Large and small organizations may coexist in partnerships as long as the common goal is retained. The emphasis is on the end-product and the common goal rather than on the relative weights of the agencies that pursue them.

77. The term partnership is used here in a general sense, as if there were one model, one approach or one form of partnership. In fact there are many different types of partnerships. In some countries, the term would not be used at all, although there might be a similar approach. One way to describe partnership is to call it a multi-agency approach. That is clearly defined in an inventory of comprehensive crime prevention measures annexed to a note by the Secretary-General to the Eighth United Nations Congress on the Prevention of Crime and the Treatment of Offenders (A/CONF.144/9, paragraph 71), which states the following: "The multi-agency approach is becoming increasingly common ... In contrast to earlier 'top down' approaches to social engineering and crime prevention, which with hindsight were found to be politically, financially and administratively over ambitious, recent developments have become more low-key and grass-rooted. Now local multi-agency committees ... develop and implement their own policies based on local needs and conditions ... Considerable emphasis is placed on local communities to determine collectively the quality of their lives. Community facilities are planned with local residents and attempts to develop or redevelop the community proceed with the community's consent."

78. The above description of the multi-agency approach, although adequate in its way, does not provide a full account of the types of partnerships that are available, nor of the complexities of forming and working in such partnership. In the first place, there are probably three different models to be used, namely: the independent model, in which the key members of the group are independent of the agencies invited to participate; the government (or local government) model, in which a community safety committee is led, and often chaired, by a government (or local government) officer, with other agencies usually being co-opted; and the police-led model, in which a local senior police officer chairs a multi-agency group and negotiates the establishment of individual projects. Such partnerships may be restricted to local police forces or may extend to a number of different forces.

79. The option chosen will depend on local circumstances, such as the type of drug problem to be dealt with or the quality of the local agencies. Some observers believe that the independent model best exemplifies the spirit of partnership, while others see the burden of the prevention and reduction of drug abuse as falling more heavily on particular agencies. Accordingly, assigning leadership to one of the agencies is a direct acknowledgement of its importance, and increases the likelihood that matters relating to that agency will be given priority.

80. In any case partnerships need not be fixed. One model can merge with another as circumstances change. Police-led models may merge into independent or government models, a process that perhaps

reflects the thinking that partnerships should no longer be police-led. Alternatively, some independent models may move towards police-led models when it becomes clear that community safety strategies should be developed. Changes in the focus or structure of the problem may require that models evolve.

C. Establishing and maintaining partnerships

81. Successful partnerships require a structure and a programme. The key to a partnership centres around the formation of a steering group with clear terms of reference and clearly defined goals, and which is representative of all those who have an interest in the outcome. Loose coalitions without formal structures or lines of accountability are unlikely to last beyond the official impetus provided by good intentions. Senior managers are often the most appropriate members, because they can engage in joint planning and commit their agencies to joint action, which usually involves: planning a programme of work; facilitating multi-agency functions; providing supporting staff; ensuring that participating agencies develop a drug prevention role; and providing for representation from, and feedback to, the community.

82. Successful partnerships also require a full-time coordinator or administrator who may be called an advisor or manager. The coordinator is a key figure whose relationship with the steering group will help shape the programme. The task is to coordinate the activities of others and develop new initiatives. More specifically it will involve: preparing an operational plan; advising the steering group on drug prevention issues; helping to raise funds; securing the implementation of agreed measures; and monitoring the programme and ensuring that it meets its objectives.

83. A drug prevention programme usually involves the following activities. First of all, it involves defining the problem. That means collecting and analysing existing data, since good decisions are based on good information. The data should help provide a pointer towards future action. It should also include not just information about the nature and extent of the drug problem, but also about what has been done and what resources exist in the community to respond to the problem. It is important to look at what other communities have done, and at how successful they have been with their approaches, before embarking on a course of action. Secondly, it involves deciding what to do. That means placing problems in the order of priority, developing options and examining them, a process leading to an operational plan that must be integrated into other activities already being undertaken. Thirdly, it involves implementing the programme, at the same time as ensuring that there are sufficient resources to carry the plan through, and to sustain it for the length of time necessary for it to be effective. That is the central aim towards which the partnership has to move. Lastly, it involves assessing what has been achieved. All projects need effective evaluation, and partnerships are no exception. Determining what has been achieved is an important feature.

84. It is no easy matter to decide when a project has ended or should end. If the project has been successful and drug abuse and drug dealing have abated, there still remains the question whether they will re-emerge as soon as the project ceases? In any organization set up for a specific purpose, there is always a tendency for the maintenance of the organization to become a goal, if not the goal in itself. However, if the organization is sufficiently flexible to adjust its goals to the needs of the community, then such problems can be overcome.

D. Ensuring successful partnerships

85. The term community implies a coordinated effort between different groups working together for the common good. But different agencies are not on an equal footing. There is an inequality of power, and often the police view dominates. The central issue is the extent to which the agencies can establish

a common purpose. Considerable effort has to be invested by all concerned in order to ensure a successful partnership.

86. The first area is a shared agenda, which must reflect a common understanding of the philosophies underlying the work of the different agencies. This does not mean that the philosophies must always be the same. It is important, however, that the similarities and the differences be mutually understood. The different agencies must understand and agree that there need be no inherent incompatibility between their philosophies, but that disagreements may none the less arise about the strategies to be used. Such disagreements may lead to conflict. Further, the lack of cooperation or agreement about a common purpose between the agencies may arise when the extent of identified problems are seen to increase the workload of one or two particular agencies. In effect, no one group or agency should be expected to be responsible for most of the work or for initiating new strategies.

87. A shared agenda must recognize that the common purpose of all the agencies involved is to reduce the demand of the individual drug user. The agenda must also be compatible with community safety and the public interest. In other words, the police should acknowledge certain types of philosophies and strategies of drug prevention programmes. Similarly agencies such as the probation service, the drug prevention and rehabilitation services, statutory and voluntary agencies and those involved in community social work should also acknowledge the problems of community safety as a legitimate concern. The police must recognize the value of demand reduction programmes, including the need to limit the spread of HIV infection, and that abstinence may be unattainable in the short term.

88. The second key area is the relationship between the agencies in the partnership and the community, which is often facilitated by the action of an individual trusted by all groups in the community, for example, a local religious leader, trader or representative who mediates between the community and the local and national authorities, and who is able to draw together all interested parties in the partnership.

89. A commitment to investment in the partnership is essential. The changes in outlook or attitudes, as well as the development of trust between the different agencies, which may be required in order to implement effective action, cannot really be achieved without making the necessary resources available. A trusted individual is likely to ease that process. It is important to ensure that multi-agency initiatives do not make communities feel that they have no role, or only a minor role, to play, to ensure the involvement of all sections of the community.

90. The research evidence shows the value of involving the local media in support of the common purpose, the partnership and the strategic objectives. The media are often the voice through which the community is able to express itself. If they are not involved, they could undermine any planning and effective action. If involved, they can strengthen the partnership, complement consultation with the local community, and help to justify and explain to all parties the reasons for the decisions taken.

91. The trusted individual grows out of the community and is its representative; he or she is the vital link between the community and the partnership. It is through the trusted individual that community interests are represented and preserved. Partnerships must identify strategic objectives, and yet respond to community demands. In that way a shared agenda is developed between the community and the agencies, with the trusted individual able to act as a responsive and responsible mediator.

92. The third area is the relationship between agencies, the community and particular types of drug abuse, which are characterized by the types of abusers and of drugs being abused. The role of the different agencies will change according to the nature of the problem. The distribution network for crack, for example, is usually more violent than that associated with MDMA. Similarly, the crime problems associated with heroin abuse differ from those of cannabis or solvent abuse. Agencies working

together to deal with crack/cocaine abuse must therefore operate differently when they are concerned with other drugs.

93. The fourth issue of concern relates to the decision to dissolve the partnership. That point has been made before, but bears repeating. Communities are likely to remain satisfied with partnerships that have a powerful public presence, but will fear that their neighbourhoods will return to the same conditions as before when the partnership ends. Ending partnerships will certainly require more consideration in the future and will need to be given greater prominence.

E. Measuring the effectiveness of community activity

94. The main objective of all drug abuse prevention programmes is to reduce the amount of drug abuse in the community, but that is often very difficult to measure. One way to measure the value of drug abuse control programmes is to concentrate on supply-side characteristics. The most obvious example would be to measure police effectiveness using indicators such as the number of convictions for drug offenders, the length of prison sentences awarded for the offence, the quantity of drugs seized, the number of seizures, the types of drugs seized or the risks facing drug dealers in terms of police prosecution. The price of drugs has not been included, because it is not always a good indicator of supply. When the supply is reduced the drugs are usually adulterated to a greater extent and mixed with substitutes, so that the volume and the price remain the same, but the quality changes.

95. Using such indicators, police forces having a high rating would be judged effective. The main advantage in taking such measures of effectiveness is that they are objective and straightforward. The number of convictions for drug offences can be identified, as can the amounts of drugs seized. On the other hand, they take no account of the complexities of the situation, of variations in policing activity, of changes in attitudes within the community, with people moving into or out of an area, of how those factors all interact, and of the demand reduction programmes themselves.

96. Another, less tangible, indicator would be the level of what might be called community anxieties. It could be that the supply features listed above show high ratings. The police may secure a larger number of convictions, may see many dealers serving long sentences, and may even seize large quantities of drugs. At one level the programme appears to be effective. Yet those features may do little to ease community anxieties or enhance the quality of community life if the community is unaware of what the police have been doing. The fear within the community may remain as before. Also, if policing strategies involved putting all resources into preventing the entry of drugs into a country, they might be effective in reducing the absolute amount of illicit drugs available, without having a meaningful impact on, or easing the plight of, the local communities that are plagued by drug dealers at the street level.

97. Essentially, the perception by the community of its interests and measures for its safety are just as important as the prevention of drug abuse and the rehabilitation of drug abusers. Thus, there is a need to reduce simultaneously not only drug abuse, but also what have been called "incivilities". In an urban setting, incivilities may include features invariably associated with high levels of drug abuse, such as street dealing, prostitution, discarded syringes, discarded condoms, high levels of litter, active harassment of pedestrians and motorists by dealers, and customers looking for prostitutes and molesting passers by. In rural areas or in small towns, the signals and indicators of community disruption might be different and vary from country to country, but the one point in common is the disruption of the even flow of community life.

98. High levels of incivility produce high levels of fear of crime, and take away the feeling of well-being that is essential for the maintenance of community life. Some incivilities can be measured

objectively, but some cannot. For example, it is important to know how community members feel about their community. That cannot be determined objectively, and yet it may be the most important indicator of all. Assessment of the impact of community measures should therefore contain subjective as well as objective indicators.

99. Showing the community that something is being done involves more than displaying an active police presence. It involves working with the community. Some geographical areas are more difficult to police than others. That may be because in some countries the infrastructure does not permit easy access to remote regions, or to those with very difficult terrain. In an urban setting, difficult terrain can exist because of poor lighting, abandoned premises, or a neighbourhood with a violent subculture that is antagonistic to the police. Moreover, "street-sweeping" involving periodic bursts of intensive police activity has been shown to have only limited and short-term effects, because of the temporary displacement of activities to other areas. Hence, there is a need to explain policing strategy to the community and to discuss what can be practically done.

100. The police must take into account the community response, even if it is not at all successful in meeting community demands. In such cases, an effective police force would also have to communicate with the community, asking for, and expecting, a community response, as well as showing how and why it has failed to meet community demands. Sometimes community demands and expectations are, in fact, unrealistic, so that a dialogue is needed to explain what can be realistically achieved within given resources and a given legal framework.

101. At the individual programme level, some of the factors to take into account when measuring programme effectiveness will include: abstinence from drugs; a reduction in the level of drug use; a reduction in risk behaviour; improved physical and psychological health; improvements in social functioning and conditions of life; and a reduction in criminal activity. Nevertheless, those factors are not sufficient by themselves, because drug abusers may change their behaviour, in so far as they reduce the health risks which they are taking. However, that may have no visible impact on the community, and must be combined with community perceptions into a broad examination of all the ramifications of the response being made to the problem of drug abuse.

102. In the evaluation of the effectiveness of a programme, there is the perennial problem of displacement, with drug dealers and abusers simply moving elsewhere. Much has been written of displacement, and the more sophisticated analyses show the various forms that it can take. If dealing and using is displaced, little may be achieved overall, except that it provides relief for one group of people, but only at the expense of another. Even if displacement does occur, it still indicates a measure of success. Dealers and abusers will be displaced to an area that is not their favoured site, and must therefore operate in less ideal circumstances. How much their activities are restricted is difficult to say, but displacement must be taken into account none the less, because the gain in one community might be a loss in another community.

103. The police are also required to make cultural changes that they often find difficult. Search, chase and capture has to give way to community policing, where success is not measured by the number of arrests, but by the absence of street dealers and the equanimity of community members. Such adjustments to change are not easy to make, but are nevertheless possible if there is a willingness to do so. Indeed, at a regional and national level, the success of policing is too often measured by what is easily measurable, that is by the number of arrests made. Thus, national sanction might have to be sought for local deviation from national criteria of success. But successful partnerships require adjustments to be made, and the police, who are often the senior members in, and the prime instigators of, the partnerships, have often to make more adjustments than all the other groups involved.

IX. ACTION BY THE COMMISSION ON NARCOTIC DRUGS

104. In taking up the question of basic principles of demand reduction, the Commission might wish to consider whether further review or development of the subject is required, and if so, within what time-frame it would like that to occur.

105. In connection with further examination of the subject, and in the light of the present report, the Commission might wish to consider the advisability of requesting UNDCP to collect additional information on community responses to drug abuse to serve as practical examples of programmes that appear to be effective under certain circumstances. Were the Commission to decide to request such an effort, there might be budgetary implications which the Commission might like to consider before taking a final decision.

106. In addition to possible action under paragraphs 104 and 105 above, the Commission may wish to give policy advice on what direct involvement, if any, UNDCP should have in the field of community participation. Such involvement could take the form of, inter alia, financial support, training, and the provision of broad guidelines for starting or maintaining community action. Again, depending on what the Commission required, there might be financial implications which the Commission might wish to take into account before making a final decision.

Notes

[1]European Centre for the Epidemiological Monitoring of AIDS, "AIDS surveillance in Europe". Quarterly Report No. 39 (Saint-Maurice, France, September 1993).

[2]Report of the International Conference on Drug Abuse and Illicit Trafficking, Vienna, 17-26 June 1987 (United Nations publication, Sales No. E.87.I.18), chap. I, sect. A, para. 85.